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APPLICANTS

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** CONTINUING DATA ***** *NONE SPA*** FOREIGN APPLICATIONS ***** *NONE SPA*IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

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TITLE

Protective composite yarn

FILING FEE RECEIVED 455	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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